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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:43

DOCUMENT # **N93000003715 (0)**

1. Corporation Name

PATA SUNCOAST CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
4300 CENTRAL AVENUE ST. PETERSBURG FL 33711	4300 CENTRAL AVENUE ST. PETERSBURG FL 33711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3024055 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DUGGAR, ROLFE D
4300 CENTRAL AVENUE
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	SCHRAMEK, ANDY,	12 NAME	DANTZLER, RAY
STREET ADDRESS	3220 MONTROSE CIRCLE	13 STREET ADDRESS	13186 Dale Mabry
CITY-ST-ZIP	PALM HARBOR FL 34684	14 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, MARIANNE	22 NAME	
STREET ADDRESS	2174 NURSERY ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	DANTZLER, RAY	32 NAME	KIRCHOFFER, PHILIP
STREET ADDRESS	13032 NORTH DALE MABRY HIGHWAY	33 STREET ADDRESS	2580 Sweetgum Way N.
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	RUEPPEL, JOYCE	42 NAME	DAVID, JEANNE
STREET ADDRESS	4745 US 19	43 STREET ADDRESS	14810 Rue De Bayonne 2G
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	44 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CURCHY, DIANE	52 NAME	
STREET ADDRESS	447 SONOMA VALLEY CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	FAHS, B J	62 NAME	DUGGAR, ROLFE
STREET ADDRESS	7731 SEMINOLE MALL	63 STREET ADDRESS	4300 Central Avenue
CITY-ST-ZIP	SEMINOLE FL 34642	64 CITY-ST-ZIP	St. Petersburg, FL 33711

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Kirchoffer 2/17/95 813-962-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014736